

COMHELTACWINGPAC
LINE TECHNICIAN OJT SYLLABUS

Name: _____

Rate: _____

1. Prerequisite to final certification is supervisor confidence gained through satisfactory task performance. Satisfactory task performance shall be monitored and documented on the individual's OJT syllabus.
2. Qualification entries will be made when an individual is considered fully qualified to perform tasks without supervision. Work center supervisors have qualification certification authority.
3. Qualification, once achieved, is considered current until:
 - a. qualification is removed for cause by command
 - b. individual transfers to another unit.
4. Entries shall have the qualifier's initials and dates; at no time will vertical lines be used between initials and dates. The work center supervisor's initials and dates are mandatory.
5. This syllabus is used to document OJT leading to job task qualification by the work center supervisor. OJT events shall be documented for all related tasks until the trainee is qualified. The work center supervisor may sign off qualification when satisfied the trainee is fully qualified to perform tasks without supervision. This may be accomplished after only one OJT event or it may require many; the decision rests with the work center supervisor. This OJT syllabus is to be maintained in a centralized location accessible to the trainee at all times. Once completed, this form will be filed on the Right Side, Section 3, of the Qualification/Certification Record. When designated as a CDI, CDQAR, or QAR, this form will be filed in the Certification/Designation section of the Qualification/Certification Record (Left Side) behind the Designation form.
6. The work center supervisor is responsible and accountable for reviewing any member's previous OJT. The work center LPO may conduct a proficiency review with the member. Signature of work center LPO below states that all previous OJT Skill Certifications were reviewed.

Legible Signature of Work Center LPO: _____

Date: _____

OJT/Instructor/Supervisor Sign off Key (print name then sign your initials):

Name: _____	Initials: ____	Name: _____	Initials: ____
Name: _____	Initials: ____	Name: _____	Initials: ____
Name: _____	Initials: ____	Name: _____	Initials: ____

OJT TASK:	INST	DATE	W/C SUP	DATE
INSPECTIONS:				
Aircraft Wash Procedures				
Line 7/14 Day Inspections				
Fuel Sampling (To include verification, documentation, and disposal)				
Perform Engine Water-wash				
Perform Oil Sampling Procedures				
Perform SE/IMRL Pre-operational Inspection				
Perform Aircraft Corrosion Inspection				
GENERAL:				
Discuss Personal Protective Equipment				
Discuss Tool Control Program				
Discuss FOD Program				
Discuss NOAP Program				
Discuss Fuel Surveillance Program				
Discuss SE Misuse and Abuse Program				
Discuss Safety/Shear Wire Application				
Discuss Cotter Pin Application				
Discuss SE/IMRL PMS				
HAZMAT HANDLING:				
Fuel Spill Clean-up procedures				
Discuss Applicable MSDS				
Discuss Proper Disposal of HAZMAT (Fuel, Hydraulic Fluid, Oil)				
Discuss Aircraft Cleaning Compound Mixing Procedures				
Discuss Engine Water-Wash Procedures				
CORROSION CONTROL:				
Aircraft Preservation				
Aircraft De-preservation				
Discuss Corrosion Identification				
Discuss Corrosion Prevention				
Discuss Corrosion Treatment				
Discuss Corrosion Inspection Procedures				